



Client's Name

Address

.....Postcode

Telephone

Mobile

Email

Client Agreement

1. I agree to the therapist providing therapy on the agreed date and time.
2. I understand...
 - a. The therapy session is confidential.
 - b. The therapist may record the sessions for use in the supervision of his work.
 - c. I understand that I am responsible for any damage caused by me to the premises in the therapy session.
 - d. I will not be allowed to harm the therapist in any way.
 - e. I will not be allowed to harm myself in a therapy session.
 - f. That full payment for a session will be required if less than 8 days notice is given. Initials _____
3. I have been given a copy of the complaints procedures should I be dissatisfied with the professional conduct of the therapist. (attached UKCP)
4. Payments will be made each session, at £60 per 50 minute session

Therapist agreement

1. Accepted in conjunction with the Code of Ethics and Professional Conduct.
2. I agree to communicate to the relevant authorities any concerns of a dangerous nature.
3. In the event of any session being cancelled I will give as much notice as possible.
4. Regular reviews and discussions of our progress will be held.

Name of G.P

Heath Centre

Address

..... Postcode

Telephone

Client

Signature

Client

Print

Date

Therapist

Signature

Therapist: Clive Bowring MA. Dip IATE.
UKCP, MBACP, UKAPC.

Date